

Office of Records & Registration, SUNY New Paltz, 500 Hawk Drive, New Paltz, NY 12561-2439

Fall Winter Spring Summer 20_____

Please type or print:

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N													
Last Name	First	MI	Student ID Number										
Local Address: Street		Apt. No.	E-mail										
City	State	Zip Code	(____) _____ Telephone Number										

Course Number _____ Abbreviated title of study _____ Credits* _____

** Credits vary from one program to another and students should check the College catalog for credit permitted.*

AFFIRMATION OF CHARGES:

I, _____, have read SUNY New Paltz's graduate student Continued Registration policy (http://www.newpaltz.edu/graduate/cont_reg_affirmation_of_charges_form_final_11.9.10.pdf).

I understand that:

- if I register for Comprehensive Exam Preparation (XXX599) and fail to complete the exam at the end of the semester, or
- if I receive an H grade in a Thesis course, but I've completed my other course work required for my degree, I will be automatically registered for one credit of Continued Registration each fall and spring semester until I either submit my thesis for a grade or pass the comprehensive exam for my graduate program. Furthermore, I understand that I am responsible for payment of Continued Registration tuition and fees.

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Student Signature	Date	Student ID Number	Major										

Please note: All graduate majors except Master of Fine Art Studio Art are required to submit a prospectus when enrolling in Thesis. Master of Fine Art students must submit their prospectus when enrolling in their second thesis course.

RECOMMENDED BY:

Please PRINT Instructor's name _____

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N											
	Instructor ID Number										

Signature of Student	Date
Signature of Program Coordinator or Department Chair	Date

Signature of Instructor	Date